

## FORT BEND COUNTY SHERIFF'S OFFICE \*ALARM PERMIT APPLICATION\*

Mail to: Ft. Bend Co. Sheriff's Office 1410 Williams Way Blvd. Richmond, Texas 77469 Attn: Alarm Detail



Phone: 281-341-4610 Fax: 281-341-4613

Permit Number (Office Use Only)		Issue Date (Office Use Only)			
Type of Application	Type of F	Permit			
New Permit \$35.00	Residential		Please make Checks or Money Orders payable to: Fort Bend County.		
Renewal \$10.00					
Change of Information	Business		Issuance of Permit printed on yellow paper serves as receipt. Thank You.		
Cancellation of Permit					
INSTRUCTIONS: To expedite application and avoid delay in obtaining a permit, please ensure to: 1. Include correct fee. (All returned checks are subject to fees and/or criminal prosecution.) 2. Complete all mandatory fields, sign and date 3. Submit to the above address ATTN: ALARM DETAIL. Upon receipt and verification, an Alarm Permit will be mailed to the address indicated. Permit is to be kept on location and presented as requested by law enforcement. Fees/fines are subject to change at any time. THE REGULATION OF ALARMS SYSTEMS AS AUTHORIZED BY TEXAS LOCAL GOVERNMENT CODE 233.092 AND ADMINISTERED BY THE FORT BEND COUNTY SHERIFF'S OFFICE may be viewed online at www.co.fort-bend.tx.us					
Residential Permit Holder Name: _					
Rusiness Permit Holder Name: (For	Last			First	
Business Permit Holder Name: (For Business Permit Only)					
Address:(Location of Alarm S	vstem)		City	Zip Code	
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Phone: ( )	( )	Cell	_ ( )	Work	
Cubdivision	Negroot Into	aaatian			
Subdivision: Nearest Intersection: Mandatory for Subdivisions					
Mailing/Billing Address:  (If different than above Address)  Str	eet Address/P.O. Box		City/State	Zip Code	
Alarm Company Name: *					
Local Phone #:			TX Board of Private Investigators License #  (*Obtain license number from your Alarm Company)		
Cotain license number from your Alarm Company)					
Texas Driver License/D.P.S. Identification#:  (Mandatory to process Residential or Business application. Use Contact information for Business applications.)  CONTACTS: List names and local telephone numbers of 2 (two) persons-may include yourself-which are able to and agreed to respond within (1) one hour if requested by a Ft. Bend Co. law enforcement official to grant access to the alarm site and deactivate the alarm system if necessary.					
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Name: (OwnerRelativeFriendE	Phone #: Employee)		Phone #:		
Name:  (OwnerRelativeFriendF	Phone #:		Phone #:		
The Applicant/Permit Holder acknowledges and represents that all outstanding fees, fines, charges, costs and/or court judgments relating to the Rules Governing the Regulation of Alarm Systems within Fort Bend County, Texas and owed to Fort Bend County have been paid or satisfied. Please note that Fort Bend County has rules, policies and procedures that are not specified on this application which can be viewed online. The Applicant/Permit Holder acknowledges and authorizes that information contained in the alarm records of the Alarm Detail may be given to their alarm company for the purpose of the reduction of false alarms. (There is no fee for up to (5) false alarms per year, but not less than \$75 fee charged afterwards), and affirms that that all information herein is true and correct to the best of their knowledge. This application may be denied or permit revoked for false or misleading information and that the Applicant, if other than the intended permit holder, certifies herein that he/she is authorized to act for the intended permit holder.					